

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003021

1. Entity Name

MT. OLIVE COMMUNITY SERVICES CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90137 017 ****61.25

Principal Place of Business	Mailing Address
2754 ORANGE STREET FORT MYERS FL 33916	2754 ORANGE STREET FORT MYERS FL 33916-2621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0578834	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STOCKTON, ALAN B REV. 2754 ORANGE STREET FORT MYERS FL 33916

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD NORTH, JOSEPH R. <input checked="" type="checkbox"/> Delete
NAME	2256 HEITMAN ST
STREET ADDRESS	FORT MYERS FL
CITY-ST-ZIP	
TITLE	VD LEAVER, WAYNE <input checked="" type="checkbox"/> Delete
NAME	4025 SANDLEWOOD LANE STE 4
STREET ADDRESS	FORT MYERS FL 33916
CITY-ST-ZIP	
TITLE	SD KELLY, LORI <input checked="" type="checkbox"/> Delete
NAME	1950 HENDERSON AVENUE
STREET ADDRESS	FORT MYERS FL 33916
CITY-ST-ZIP	
TITLE	TD BOBO, ROBERT <input checked="" type="checkbox"/> Delete
NAME	6474 ROYAL WOODS DRIVE
STREET ADDRESS	FORT MYERS FL 33908
CITY-ST-ZIP	
TITLE	D ADAMS, NEAL JR. <input type="checkbox"/> Delete
NAME	3109 DR. MARTIN LUTHER KING JR. BLVD.
STREET ADDRESS	FORT MYERS FL 33916
CITY-ST-ZIP	
TITLE	D NEWTON, GERALD <input type="checkbox"/> Delete
NAME	3920 MICHIGAN AVENUE
STREET ADDRESS	FORT MYERS FL 33916
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pierce, Judy
STREET ADDRESS	1727-3 Park Meadows Dr.
CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker, Chris
STREET ADDRESS	2995 Lafayette St.
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hartner, Judith
STREET ADDRESS	11411 Waterford Village Dr.
CITY-ST-ZIP	Fort Myers, FL 33913
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burns, Shirley
STREET ADDRESS	913 S.W. 23rd St
CITY-ST-ZIP	Cape Coral, FL 33991
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 (941) 574-0484
Date Daytime Phone #

CR2E037 (9/99)